

EXHIBIT E – CONTRACTOR BIDDER FORM – INTERPRETER REFERRAL AGENCY BID

CONTRACTOR BIDDER FORM**INTERPRETER REFERRAL AGENCY BID****BIDDING**

| | |
|------------------------|--|
| FIRST TIME/NEW BID | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RENEW CONTRACT | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHANGE OF INFORMATION* | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Change of information listed on this form must be reported by awarded contractors, through submitting a new bidding form, to ODH within 10 days of the change.

AGENCY INFORMATION

| | | | |
|--|---|--------------------------|--|
| Interpreter Referral Agency's Name | | Federal Identification # | |
| Mailing Address | | Established (MM-DD-YYYY) | |
| Mailing City, State and Zip Code | | County | |
| Physical Address (if not same as Mailing Address) | | | |
| Physical City, State and Zip Code (if not same as Mailing Address) | | County | |
| 1 st Telephone #: () - | Voice/TTY <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax | | |
| 2 nd Telephone #: () - | Voice/TTY <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax | | |
| 3 rd Telephone # () - | Voice/TTY <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax | | |
| Email address: | <input type="checkbox"/> Work <input type="checkbox"/> Pager | | |
| Email address: | <input type="checkbox"/> Work <input type="checkbox"/> Pager | | |
| Website Address: | | | |

AGENCY CONTACT INFORMATION

| | |
|---|---|
| OWNER OR EXECUTIVE DIRECTOR: Name (If more than one owner, attach documentation) | |
| 1 st Telephone #: () - | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| 2 nd Telephone #: () - | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| 3 rd Telephone # () - | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| Email address: | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager |
| Email address: | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager |

MANAGER/ADMINISTRATOR: Name(s) and Title

| | |
|---|---|
| 1 st Telephone #: () - Voice/TTY | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| 2 nd Telephone #: () - Voice/TTY | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| 3 rd Telephone # () - Voice/TTY | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| Email address: | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager |
| Email address: | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager |
| SCHEDULING: Name(s) and Title | |
| 1 st Telephone #: () - Voice/TTY | <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| 2 nd Telephone #: () - Voice/TTY | <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| 3 rd Telephone # () - Voice/TTY | <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| Email address: | <input type="checkbox"/> Work <input type="checkbox"/> Pager |
| Email address: | <input type="checkbox"/> Work <input type="checkbox"/> Pager |

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| BILLING: Name(s) and Title | |
| 1 st Telephone #: () - Voice/TTY | <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| 2 nd Telephone #: () - Voice/TTY | <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| 3 rd Telephone # () - Voice/TTY | <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
| Email address: | <input type="checkbox"/> Work <input type="checkbox"/> Pager |
| Email address: | <input type="checkbox"/> Work <input type="checkbox"/> Pager |

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| AVAILABILITY |
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The interpreter referral agency is available as follows: (Check all that apply):

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|--|---|
| <input type="checkbox"/> Days; 8 am – 5 pm; Monday – Friday | <input type="checkbox"/> 24/7; 24 hours / 7 days every week |
| <input type="checkbox"/> Nights; 5 pm – 12 am; Monday – Friday | <input type="checkbox"/> Emergencies – 1 hour notice/confirmation |
| <input type="checkbox"/> Weekends; 12 am Sat – 8 am Monday | <input type="checkbox"/> Holidays |

If providing Nights, Weekends, 24/7, Emergencies interpreter services, provide scheduling information:

| | |
|---|---|
| Telephone #: () - Voice/TTY | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax |
|---|---|

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| INTERPRETER POOL |
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How many employees does the agency have?

| Employment Status | Total number (#) of employees? | Of the total, how many are staff Interpreters? |
|-------------------|--------------------------------|--|
| Full-time | # | # |
| Part-time | # | # |

How many freelance certified sign language interpreters does the agency contract with?

| | | | | | |
|-----|---|-----|---|-----|---|
| NAD | # | RID | # | NIC | # |
|-----|---|-----|---|-----|---|

| | | | | | |
|-----------|--|-----------------------------------|--|--------------------------------|--|
| Level V | | SC:L, MCSC | | Certified Expert Interpreter | |
| Level IV | | CSC, CI and CT, RSC, CDI, CLIP-R | | Certified Advanced Interpreter | |
| Level III | | IC, TC, IC/TC, CI, CT, OIC:C, OTC | | Certified Interpreter | |
| Total NAD | | Total RID | | Total NIC | |

How many freelance non-certified sign language interpreters does the agency contract with?
 Qualified Deaf Interpreter(s) (QDI): # _____ Other non-certified interpreter(s): # _____

Total Number of employed and freelance sign language interpreters: # _____

Note: All employed and freelance sign language interpreters must be registered and approved by ODHH before providing sign language interpreting services under the DSHS contract.

To identify current capacity to provide immediate interpreting services in each county, please list total number of employed or contracted interpreters who must be residing in each county on a county-by-county basis. Under Region, please list the total of interpreters residing in that region.

| | | | |
|--|--|--|---|
| Region 1 Adams _____ Chelan _____ Total #: Douglas _____ _____ Ferry _____ _____ Grant _____ _____ | Lincoln _____ Okanogan _____ Pend _____ Oreille _____ Spokane _____ Whitman _____ | Region 2 Total #: Asotin _____ Benton _____ Columbia _____ _____ Franklin _____ _____ | Garfield _____ Kittitas _____ Walla Walla _____ Yakima _____ |
| Region 3 Island _____ San Juan _____ Total #: _____ _____ Skagit _____ _____ | Snohomish _____ _____ Whatcom _____ | Region 4 Total #: King _____ _____ | |
| Region 5 Kitsap _____ Pierce _____ Total #: _____ _____ _____ | Region 6 Total #: Clallam _____ Clark _____ Cowlitz _____ _____ Grays _____ Harbor _____ Jefferson _____ _____ Klickitat _____ Lewis _____ | | |

BIDDING BY REGION(S) / COUNTY(IES)

If bidding on entire regions, indicate below by marking the space indicated for the entire Region;
 If not bidding on entire regions, indicate which county(ies) within region(s) you are bidding on
 below by marking the space indicated for individual county(ies); for all bid regions must have an
 interpreter residing in that region.

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|---|--|---|---|
| Region 1 Adams _____ Chelan _____ _____ Douglas _____ _____ Ferry _____ _____ Grant _____ _____ | Lincoln _____ Okanogan _____ Pend _____ Oreille _____ Spokane _____ Whitman _____ | Region 2 Asotin _____ Benton _____ Columbia _____ _____ Franklin _____ _____ | Garfield _____ Kittitas _____ Walla Walla _____ Yakima _____ |
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| | | | |
|-------------------------------|---|-------------------------------------|--|
| Region 3 _____ — | Island_____ SanJuan_____ — Skagit_____ | Snohomish_____ — Whatcom_____ | Region 4 King_____ _____ |
| Region 5 _____ — | Kitsap_____ Pierce_____ | | Region 6 Clallam_____ Clark_____ _____ Cowlitz_____ — Grays_____ Harbor_____ Jefferson_____ — Klickitat_____ Lewis_____ |
| | | | Mason_____ Pacific_____ Skamania_____ Thurston_____ Wahkiakum_____ — |

MINORITY WOMEN BUSINESS ENTERPRISE – OPTIONAL

Purchasing goals from MWBE firms for sign language interpreter services have been established.
 Are you a MWBE bidder? ☐ YES ☐ NO If Yes, certification #_____ and attach a proof of
 certification copy. To obtain MWBE certification, contact OMWBE at 360-753-9693.

MINIMUM QUALIFICATIONS

For interpreter referral agencies to be eligible to bid on this contract, bidders must:

Have a minimum of one (1) certified interpreter employed or subcontracted; ☐ YES ☐ NO

Be able to provide sign language interpreter services with competent and proficient interpreter(s) for each appointment; ☐ YES ☐ NO

Have the ability to appropriately match the communications needs of the customer with the interpreting skills and the appointment situation/setting; ☐ YES ☐ NO

Be licensed to do business in the State of Washington; ☐ YES ☐ NO

Have an interpreter residing in the region that is/are bid; ☐ YES ☐ NO

Be able to serve the entire county(ies)/region(s) that is/are bid; ☐ YES ☐ NO

Have the ability to communicate as requested, with DSHS via telephone, email, facsimile, and/or pager and if indicated, communicate during nights, weekends, holidays and emergencies; ☐ YES ☐ NO

Have the ability to provide advance confirmation of interpreters being assigned to appointments; ☐ YES ☐ NO

Have the ability to immediately notify the requester if unable to fill an appointment, the assigned interpreter is going to be late or cannot find a replacement; ☐ YES ☐ NO

Be willing to obtain the required amounts of insurance, after contract award, as outlined in this RFQQ; ☐ YES ☐ NO

Be willing to obtain and maintain a copy of each interpreter's Washington State Patrol background check; ☐ YES ☐ NO

Maintain documentation regarding the certification level of each person representing their agency, who may provide sign language interpreter services under this contract; ☐ YES ☐ NO

Be willing to ensure that each person representing their agency, who may provide sign language interpreter services under this contract, is registered and approved with ODHH. Interpreter referral agency is responsible for verification of completeness of registration and for assuring interpreters have read and understand all parts of the form; ☐ YES ☐ NO

Be willing to require each interpreter to sign and date ODHH registration form verifying all statements have been read, understood, and agreed to; ☐ YES ☐ NO

Maintain and make available to ODHH a list of names and the certification level of each person representing their agency, who may provide sign language interpreter services under this contract and ensure they will be registered and approved with ODHH; ☐ YES ☐ NO

Be willing to ensure that each person representing their agency, who may provide sign language interpreter services under this contract, is aware of and adheres to the RID Code of Professional Conduct and the DSHS Code of Professional Conduct; ☐ YES ☐ NO

Attend mandatory orientation; ☐ YES ☐ NO

Be willing to conduct orientation to each person representing their agency, within the first thirty (30) days of the interpreter providing services under this contract. Orientation must include the following:

An overview of the Statement of Work including the billing process and how to complete the "Request for Sign Language Interpreter" form; ☐ YES ☐ NO

Be willing to ensure compliance with the Sign Language Interpreter requirements section in the Statement of Work; ☐ YES ☐ NO

Comply with all specific requirements covered under this contract (General & Special Terms and Conditions and the Statement of Work; ☐ YES ☐ NO

This section includes MEDICAL ASSISTANCE ADMINISTRATION (MAA) specific requirements.

Be willing to obtain a Provider Number. Necessary form will be provided at Orientation; ☐ YES

☐ NO Coordinate the appointment dates and times with the client as agreed to by the medical provider(s) and DSHS client; ☐ YES ☐ NO

Be willing to follow MAA's required procedures for calculating billing units; ☐ YES ☐ NO

Be willing to indicate a Performing Provider Number (PPN) for each interpreter on the "Request for Sign Language Interpreter" form. A PPN will be assigned to interpreter prior to payment by MAA for services provided by the interpreter; ☐ YES ☐ NO

If your agency does not meet the above minimum qualification requirements, as stated herein, your bid will be rejected as non-responsive.

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| AGREEMENT |
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I understand I must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide interpreting services.

- ☐ I certify that the information which has been provided is true to the best of my knowledge.
- ☐ I have read / understand the current and revised RID Code of Professional Conduct and agree to abide by it.
- ☐ I have read / understand the DSHS Code of Professional Conduct and agree to abide by it.
- ☐ I understand information will be on the DSHS website and Directory of Interpreters.
- ☐ I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment".

I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

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|---------------------------------------|-------------------|
| Signature of Owner/Executive Director | Date (mm/dd/yyyy) |
|---------------------------------------|-------------------|